

# LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>3517</u>	2 Fiscal Year Covered From <u>01 / 01 / 04</u> Through <u>12 / 31 / 04</u>
3 Name and address of person filing Name <u>David R Perko</u> P O Box Bldg Room No if any Street <u>4266 Hitt Road</u> City <u>Tamaroa</u> State <u>Illinois</u> ZIP Code + 4 <u>62888-2307</u>	4 Name file number and address of labor organization Name <u>Carpenters District Council of Greater St Louis &amp; Vicinity</u> Labor Organization File Number <u>002637</u> P O Box Building and Room Number if any Street <u>1401 Hampton Avenue</u> City <u>St Louis</u> State <u>Missouri</u> ZIP Code + 4 <u>63139-3199</u>
5 Position in labor organization <u>Business Representative/Organizer</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income  7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed <u>David Perko</u>	On <u>8-11-2005</u> (618) 407-5236 Date Telephone Number

Name of Person Filing	David R Perko	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name Carpenters Pension Fund of Illinois</p> <p>Trade Name if any</p> <p>P O Box, Bldg Room No if any P O Box 470</p> <p>Street 28 N First Street</p> <p>City Geneva</p> <p>State Illinois ZIP Code + 4 60134-0470</p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>Trustee of Fund</p> <p>11 b Approximate dollar value of such dealing Uncertain</p> <p>12 a Nature of interest held or income received</p> <p>Reimbursed expenses for meetings, conferences &amp; meeting lunches</p> <p>SEE ATTACHED REVISED ITEMIZED LIST</p> <p>12 b Amount 9091 62</p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>

# INDEPENDENT EMPLOYEE BENEFITS CORPORATION

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28 N FIRST STREET P O BOX 470  
GENEVA, ILLINOIS 60134-0470

(630) 232 7166  
(630) 232-0741 FAX

July 7 2005

Carpenters Fund Trustee

Re LM30

Gentlemen

Enclosed is **REVISED** list of expenses you were reimbursed for from this office for 2004 for the funds which you are a trustee Sorry for the revision but all meals furnished at the trustee meetings even under \$25 00 and the registration for any seminars you attended are now included Please call me at 630-845 3557 with any questions or if you need more detailed information

Sincerely



Cecelia Jacobson

Encl

**Carpenters Pension Fund of Illinois  
Labor Trustees Expense Reimbursement Recap  
2004 REVISED**

<b>Payee</b>	<b>Date</b>	<b>Check No</b>	<b>Amount</b>	<b>Description</b>
Perko David	1/20/2004		\$10 95	Lunch Appeals Mtg
Perko David	1/21/2004		\$39 95	Lunch Inglenook Pantry Trustee Mtg
Perko David	1/29/2004	14666	\$460 17	Trustee Mtg Geneva
Perko David	1/29/2004	14666	\$2 287 98	Reconciled San Diego Conf
Perko David	1/29/2004		\$1 525 00	Registration Fees San Diego Conf
Perko David	4/20/2004		\$13 95	Lunch Appeals Mtg
Perko David	5/6/2004	14806	\$328 96	Trustee Mtg Geneva
Perko David	7/21/2004		\$39 95	Lunch Inglenook Pantry Trustee Mtg
Perko David	7/22/2004	14892	\$326 67	Trustee Mtg Geneva
Perko David	8/2/2004	14905	\$433 24	Trustee Mtg Geneva
Perko David	8/26/2004	Net	\$1 854 34	New Orleans Conference
Perko David	8/26/2004		\$915 00	Registration Fee New Orleans Conf
Perko David	10/19/2004		\$67 61	Dinner St Charles Place
Perko David	10/20/2004		\$39 95	Lunch Inglenook Pantry Trustee Mtg
Perko David	11/4/2004	15017	\$344 33	Trustee Mtg Geneva
Perko David	12/2/2004	15056	\$403 57	Trustee Mtg Geneva

Name of Person Filing <u>David R Perko</u>	File Number U
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8 Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of a employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Ariel Capital Management, LLC

Trade Name if any Ariel Mutual Funds

P O Box Bldg. Room No if any Suite 2900

Street 200 E Randolph Drive

City Chicago

State Illinois ZIP Code + 4 60601-6438

9 Business deals with

☐ a Labor Organization

☒ b Trust

☐ c Employer

10 If 8 b or 9 c is checked give trust or employer's name

Name Carpenters Pension Fund of Illinois

Trade Name if any

P O Box Bldg Room No if any P O Box 470

Street 28 N First Street

City Geneva

State Illinois ZIP Code + 4 60134-0470

11 a. Nature of such dealing

Capital Manager for Fund

11 b Approximate dollar value of such dealing

Uncertain

12 a Nature of interest held or income received

T-Shirt \$34 50

Dinner \$38 25

See attached itemized list

12 b Amount

\$72 75

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer

or Consultant

?

14 b Amount of payment



ARIEL CAPITAL MANAGEMENT LLC  
ARIEL MUTUAL FUNDS

June 24, 2005

200 East  
Randolph Drive  
Suite 2900  
Chicago, Illinois  
60601

312.726.0140  
f312.726.7473

Mr Michael J Kucharski  
Administrative Manager  
Independent Employee Benefits Corporation  
28 North First Street  
P O Box 470  
Geneva Illinois 60134

Dear Mike

Per your request, below please find the breakdown in costs associated with the  
Carpenters' Golf Outing held on July 20 2004 at Mill Creek Golf Club

GOLF

Golf (includes lunch, beverages, green fees carts, range prizes and tips)	\$ 182 56 per person
T-shirts	\$ 34 50 per person
Golf balls	\$ 31 09 per person

DINNER

Buffet Dinner	\$1 685 20
Service Charge	<u>\$ 303 60</u>
Total Dinner	\$1,988 80
Cost per person (52 attendees)	\$ 38 25

Please feel free to contact me should you have any questions or need anything  
further

Sincerely,

Executive Vice President

Name of Person Filing **David P Perko**

File Number U

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8 Name and address of Business (including trade name if any)

Name Baum Sigman Auerbach & Neuman, Ltd.

Trade Name if any \_\_\_\_\_

P O Box, Bldg., Room No if any Suite 220Street 200 W Adams StreetCity ChicagoState Illinois ZIP Code + 4 60606-5231

9 Business deals with

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Carpenters Pension Fund of Illinois

Trade Name if any \_\_\_\_\_

P O Box Bldg Room No if any P O. Box 470Street 28 N First StreetCity GenevaState Illinois ZIP Code + 4 60134-0470

11 a. Nature of such dealing

Attorney for Fund

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

Meal

See attached sheet

12 b Amount \$25.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name \_\_\_\_\_

Trade Name if any \_\_\_\_\_

P O Box, Bldg Room No if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

ZIP Code + 4 \_\_\_\_\_

14 a Nature of payment

13 b Is the Business an Employer or Consultant ?

14 b Amount of payment

Prepared by   Baum Sigman Auerbach & Neuman, Ltd

DATE	NAME	AMOUNT	DESCRIPTION
10/19/04	Perko, David	25 00	MEAL